

AO 440 (Rev. 06/12) Summons in a Civil Action

# UNITED STATES DISTRICT COURT

for the

Western District of Tennessee

Lashondra Henderson

*Plaintiff(s)*

v.

Lincare/United Medical, Inc.

*Defendant(s)*

Civil Action No. 17-2599 JTF dkv

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Lincare/United Medical, Inc.  
19387 US Highway 19 North  
Clearwater, FL 33764

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Lashondra Henderson  
3525 Philsdale Ave.  
Memphis, TN 38111

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 12/11/2017

CLERK



Clerk

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Civil Action No. 17-2599 JTF dkv

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for *(name of individual and title, if any)* \_\_\_\_\_was received by me on *(date)* 12/14/17.☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_on *(date)* \_\_\_\_\_; or☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_

\_\_\_\_\_, a person of suitable age and discretion who resides there,

on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or☐ I served the summons on *(name of individual)* \_\_\_\_\_, who isdesignated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_on *(date)* \_\_\_\_\_; or☐ I returned the summons unexecuted because \_\_\_\_\_; or☒ Other *(specify)*: Fedex 771183870308My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 1/16/18

Server's signature

\_\_\_\_\_  
Printed name and title**U.S. Marshals Service  
1072 Federal Bldg.  
167 N. Main Street  
Memphis, TN 38103**\_\_\_\_\_  
Server's address

Additional information regarding attempted service, etc:



January 23, 2018

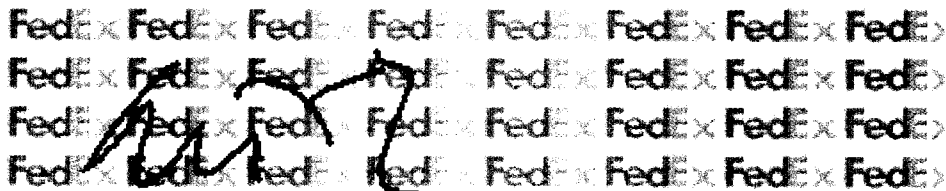
Dear Customer:

The following is the proof-of-delivery for tracking number **771183870308**.

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**Delivery Information:**

|                          |                          |                           |   |
|--------------------------|--------------------------|---------------------------|---|
| <b>Status:</b>           | Delivered                | <b>Delivered to:</b>      | Guard/Security Station                        |
| <b>Signed for by:</b>    | R.HERNANDEZ              | <b>Delivery location:</b> | 19387 US HIGHWAY 19 N<br>CLEARWATER, FL 33764 |
| <b>Service type:</b>     | FedEx Express Saver      | <b>Delivery date:</b>     | Jan 16, 2018 10:21                            |
| <b>Special Handling:</b> | Deliver Weekday          |                           |   |
|                          | Adult Signature Required |                           |   |



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**Shipping Information:**

|                         |              |                   |                |
|-------------------------|--------------|-------------------|----------------|
| <b>Tracking number:</b> | 771183870308 | <b>Ship date:</b> | Jan 11, 2018   |
|                         |              | <b>Weight:</b>    | 0.5 lbs/0.2 kg |

**Recipient:**

Lincare United Medical inc  
Lincare/United Medical inc  
19387 US Highway 19 north  
CLEARWATER, FL 33764 US

**Reference**

**Shipper:**

Letitia Grittman  
United States Marshals Service  
167 N Main St Room 1072  
Memphis, TN 38103 US

17CV2599 Henderson v Lincare

Thank you for choosing FedEx.

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

|   |   |
|---|---|
| PLAINTIFF<br>Lashondra Henderson          | COURT CASE NUMBER<br>17-2599 jtf DKV            |
| DEFENDANT<br>Lincare/United Medical, Inc. | TYPE OF PROCESS<br>Summons, Order and Complaint |

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Lincare/United Medical, Inc.  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
19387 US Highway 19 North, Clearwater, FL 33764

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Lashondra Henderson  
3525 Philsdale Ave.  
Memphis, TN 38111

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

*Please see order*

Signature of Attorney, other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

12/11/17

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin  
No. 76

District to Serve  
No. 76

Signature of Authorized USMS Deputy or Clerk

Date

12/14/17

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

1/16/18

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

*[Signature]*

Service Fee

8.00

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

8.00

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

8.00

\$0.00

REMARKS:

Fedex 771183870308

### DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 11/13

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